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| APPLICATION NUMBER | FILING OR 371 (c) DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|------------------------|-----------------------|------------------------|
| 10/825,006 | 04/15/2004 | | 3789440/58670 |

26386
 DAVIS, BROWN, KOEHN, SHORS & ROBERTS, P.C.
 THE FINANCIAL CENTER
 666 WALNUT STREET
 SUITE 2500
 DES MOINES, IA 50309-3993

CONFIRMATION NO. 7236
FORMALITIES LETTER



OC000000013094094

Date Mailed: 06/28/2004

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted**Items Required To Avoid Abandonment:**

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is **\$65** for a Small Entity

- \$65** Late oath or declaration Surcharge.

Replies should be mailed to: Mail Stop Missing Parts
 Commissioner for Patents
 P.O. Box 1450
 Alexandria VA 22313-1450

08/31/2004 MAHMED1 00000068 10825006

01 FC:2051

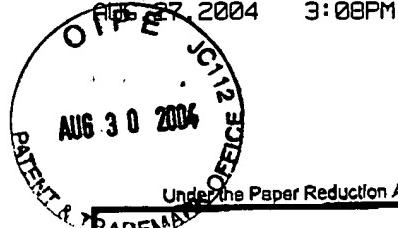
65.00 OP

L. Ehrhart
*A copy of this notice **MUST** be returned with the reply.*

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 1 - ATTORNEY/APPLICANT COPY

AUG 30 2004
3:08PM

NO. 132 P.2

PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM

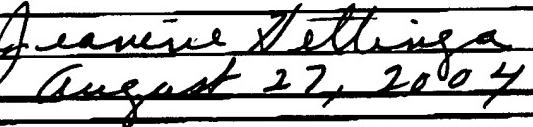
(to be used for all correspondence after initial filing)

| | | |
|---|------------------------|-------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/825,006 |
| | Filing Date | Apr 15, 2004 |
| | First Named Inventor | Hettinga, Jeanine |
| | Art Unit | 1772 |
| | Examiner Name | unknown |
| Total Number of Pages in This Submission | Attorney Docket Number | 3792715/58660 |

ENCLOSURES (Check all that apply)

| | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|---|
| Firm or Individual name | Jeanine Hettinga |
| Signature |  |
| Date | August 27, 2004 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | |
|-----------------------|---|
| Typed or printed name | Jeanine Hettinga |
| Signature |  |
| Date | August 27, 2004 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-03)

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$1.65 00)

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

 Deposit Account

Deposit Account Number:

Deposit Account Name:

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity | Fee Code (\$) | Fee Code (\$) | Fee Description | Fee Paid |
|--------------|---------------|---------------|---------------------------|----------------------|
| 1001 | 770 | 2001 | 385 Utility filing fee | <input type="text"/> |
| 1002 | 340 | 2002 | 170 Design filing fee | <input type="text"/> |
| 1003 | 530 | 2003 | 265 Plant filing fee | <input type="text"/> |
| 1004 | 770 | 2004 | 385 Reissue filing fee | <input type="text"/> |
| 1005 | 180 | 2005 | 80 Provisional filing fee | <input type="text"/> |

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims | -20** | Extra Claims | Fee from below | Fee Paid |
|--------------------|-------|----------------------|------------------------|------------------------|
| Independent Claims | - 3** | <input type="text"/> | X <input type="text"/> | = <input type="text"/> |
| Multiple Dependent | - | <input type="text"/> | X <input type="text"/> | = <input type="text"/> |
| Multiple Dependent | - | <input type="text"/> | X <input type="text"/> | = <input type="text"/> |

| Large Entity | Fee Code (\$) | Fee Code (\$) | Fee Description | Fee Paid |
|--------------|---------------|---------------|---|----------------------|
| 1202 | 18 | 2202 | 9 Claims in excess of 20 | <input type="text"/> |
| 1201 | 88 | 2201 | 43 Independent claims in excess of 3 | <input type="text"/> |
| 1203 | 280 | 2203 | 145 Multiple dependent claim, if not paid | <input type="text"/> |
| 1204 | 88 | 2204 | 43 **Reissue independent claims over original patent | <input type="text"/> |
| 1205 | 18 | 2205 | 9 **Reissue claims in excess of 20 and over original patent | <input type="text"/> |

SUBTOTAL (2) (\$)

- or number previously paid, if greater; For Reissues, see above

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 65.00)

Complete (if applicable)

| SUBMITTED BY | Name (Print/Type) | Registration No. (Attorney/Agent) | Telephone | Date |
|--------------|-------------------|--------------------------------------|--------------|---------|
| Signature | Jeanine Hettinga | <input type="text"/> | 515-331-2675 | 8-27-04 |

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